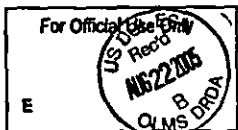


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12482</u>	2 Fiscal Year Covered From: <u>11/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>James</u> <u>N</u> <u>Harper, Jr.</u> P.O. Box, Bldg Room No. If any _____ Street <u>222 Penn St</u> City <u>Chester</u> State <u>PA</u> ZIP Code + 4 <u>19013</u>	4 Name, file number and address of labor organization Name <u>Laborers' Local 418</u> Labor Organization File Number <u>001-934</u> P.O. Box Building and Room Number If any _____ Street <u>222 Penn St</u> City <u>Chester</u> State <u>PA</u> ZIP Code + 4 <u>19013</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg Room No. If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income _____ _____ _____ 7 b. Amount _____

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James Harper</u>	On <u>8/15/05</u> Date	<u>610-872-5328</u> Telephone Number

Name of Person Filing James N Harper, Jr		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name <u>Laborers' Training School</u> Trade Name if any <u>Laborers'</u> P O Box Bldg Room No if any _____ Street <u>500 Lancaster Pike</u> City <u>Exton</u> State <u>PA</u> ZIP Code + 4 <u>19341</u>		9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name <u>Same</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		11 a Nature of such dealing <u>Apprenticeship Coordinator</u> 11 b. Approximate dollar value of such dealing _____ 12 a. Nature of interest held or income received <u>Reimbursement for travel, air and lodging</u> <u>lodging from conference expenses</u> 12 b Amount <u>1,380.00</u>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		14 a. Nature of payment _____ _____ _____	
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14 b. Amount of payment _____	